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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation US CHAMBER OF COMMERCE]	
OS CHAMBER OF COMMERCE		
(b) Address (number and street) check if different than previously reported 1615 H STREET NW		
(c) City, State and ZIP Code	O FFO Islandiffered an Manusland	
WASHINGTON DC 20062	3. FEC Identification Number	
	C C90013145	
Occupation and Name of Employer (for Individual Filers Only)	0,	
TYPE OF REPORT (check appropriate boxes):		
(a) April 15 Quarterly Report		
July 15 Quarterly Report 24-Hour Report		
October 15 Quarterly Report 48-Hour Report		
January 31 Year-End Report		
b) Is this Report an amendment? X No Yes, it amends the report filed on	M / D D / Y Y Y Y	
5. COVERING PERIOD: FROM 10 / DID / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
THROUGH 10 15 2015		
6. TOTAL CONTRIBUTIONS	.00	
7. TOTAL INDEPENDENT EXPENDITURES	60000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	or concert with, or at the request or suggestion	
	DATE ctronically Filed]	
Abby Majlak Abby Majlak	10/10/2015	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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AME OF FILER (In Full) JS CHAMBER OF COMMERCE	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Revolution Agency	M - M / D - D / Y - Y - Y - Y
Mailing Address 1020 Princess Street	10 08 2015
	Amount
City State Zip Code	60000.00
Alexandria VA 22314	Transaction ID : F57.000001
Purpose of Expenditure Digital Advertisement opposing Maggie Hassan, Another tax and spend vote in Washington Category/ Type 004	Office Sought: House State: NH Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Maggie Hassan	Check One: President Support Oppose
Calendar Year-To-Date Per Election for Office Sought 410150.00	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M M / D D / Y Y Y Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Amount
Purpose of Expenditure Category/ Type	Office Sought: House State:
	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	60000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	60000.00